



**OKLAHOMA STATE & EDUCATION EMPLOYEES GROUP INSURANCE BOARD**

**Application for Life Premium Waiver for State Employees and Local Government Employees that have Disability through OSEEGIB**

Return completed form to: Lori Baer, 3545 NW 58<sup>th</sup>, Suite 110, Oklahoma City, OK 73112  
1-405-717-8780 or 1-800-752-9475

Waiver of premium for all life coverage available to the active member and dependents is based upon proof of total disability. Proof of disability will be determined by GHS Property and Casualty (GHS) and verified by OSEEGIB. Premium waiver can be requested at any time after the person has been disabled for thirty (30) consecutive days and if approved, will become effective the first of the month following approval of this application by the Board. Life premiums will continue to be waived for as long as the employee remains disabled. The waiver shall terminate on the earliest of the following events: the employee has been found to be able to return to active duty in any capacity by any provider; the employee returns to any active duty for any period of time; the employee changes in status to inactive or retired; the employee notifies the Plan in writing that life insurance coverage is to be terminated; the employee is terminated for any reason, including, but not limited to resignation or discharge from his or her position; any termination of life insurance coverage occurs as set forth in Section 360:10-7-1 of the Agency Rules.

**Employee Name** \_\_\_\_\_ **SSN/Member ID:** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature** **Date**

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**FOR BOARD USE ONLY**

<b>Has member been deemed disabled by GHS?</b> _____ <b>Date verified</b> _____
_____ <b>Approved</b> <b>Effective Date</b> _____    _____ <b>Denied</b>
<b>Authorized Signature</b> _____